

AHF *in* MEXICO



FACTS (UNAIDS/WHO, 2008)

Country Population	107 million
Persons living with HIV/AIDS	200,000
Persons in need of ART	76,000
Persons receiving ART	43,000

3 AHF Sites:

Cancun <i>Quintana Roo</i>	Tuxtla Gutierrez <i>Chiapas</i>
Pachuca <i>Hidalgo</i>	

Patients on ART:	Total patients in care:
1,136	1,531

BACKGROUND

Mexico, which is about three times the size of the state of Texas, is the second most populous country in Latin America, behind Brazil. The World Bank considers it an 'upper-middle-income' economy. The service industry, which includes commerce and tourism, makes up close to 70% of the gross domestic product (GDP) while exports to the United States account for about 25%

of the GDP. With this heavy dependence on the US, Mexico is suffering from the effects of the economic recession. The average life expectancy in Mexico is about 73 years for males and 79 years for females. Approximately 76% of the population lives in urban areas.

HIV prevalence among adults in Mexico is about 0.3% and as in

almost all Latin American countries, the highest rates are amongst men who have sex with men (MSM). In 2005 the HIV prevalence rate among MSM in urban areas was 10.8% (UNAIDS, 2008). However, unlike many other countries in the region, Mexico has not downplayed the extent to which MSM drive the epidemic. In 2003 the government appointed Dr. Jorge Saavedra as head of its leading AIDS agency, the National Center for the Prevention and Control of HIV/AIDS (CENSIDA) – in 2007 Dr. Saavedra announced that he is HIV positive and gay. (Dr. Saavedra recently joined AHF's leadership team as Chief of Global Affairs.) Still, stigmatization and discrimination persist despite HIV/AIDS not being confined to the so-called 'high risk groups' that include MSM, sex workers, and injecting drug users (IDU).

In 2007, 760,000 people were in need of antiretroviral drugs (ARVs) but only 57% were receiving treatment. Of the 3,100 pregnant women living with HIV who needed antiretroviral therapy (ART) for prevention of mother-to-child transmission (PMTCT), only 146 received it.

The international community often overlooks Latin American countries, as the situation is generally considered more severe in Africa and infection rates are rising more rapidly in Asia. Latin America as a whole has made strides in providing ART, but no country in the region has experienced a significant drop in HIV prevalence and treatment, care, and prevention efforts are still crucial and deficient.

AHF's GLOBAL PROGRAM SINCE 2005

One of AHF's primary goals in Mexico is to reduce morbidity and mortality by providing people living with HIV/AIDS (PLWHA) with high-quality medical treatment. AHF therefore collaborates with the government's Ambulatory Centers for the Attention of AIDS and Sexually Transmitted Infections (CAPASITS), which are clinics that treat HIV/AIDS and STIs and aim to achieve universal access to antiretroviral therapy (ART). The federal government provides funding for constructing the clinics, supplies, and antiretroviral drugs (ARVs) while the Mexican state government supports laboratory costs, drugs for treatment of opportunistic infections (OIs) and STIs, vaccines, utilities, some staffing and operational costs. AHF provides human resource support, training and quality assurance services.

AHF also believes that HIV/AIDS related morbidity and mortality can be reduced through early diagnosis and access to care. Transmission can be reduced by the widespread promotion of testing in community settings. In partnership with AFABI, ProSalud, the Binational Committee for AIDS San Diego-Tijuana and the Human Rights Commission, AHF runs a voluntary counseling and testing (VCT) program in Tijuana. The program targets specific groups such as drug users, sex workers, prisoners and MSM.

In 2008, in partnership with CENSIDA, AHF began widespread implementation of a rapid mass testing program that recognizes the importance of eliminating cost, time, opportunity, and knowledge barriers. A mobile testing unit is set up in a highly visible and busy location where outreach workers and signs remind people HIV/AIDS risks while encouraging them to test. The

model, designed to move clients through the system in 30 minutes, gives pre-test information in a group, minimizes post-test time with HIV-negative individuals, and links HIV-positive individuals into care. AHF also launched the "Condom Mobile," which provided prevention services, HIV testing, and counseling in a trip crossing 10 states and 18 towns between Tijuana and Mexico City. In 2008 alone, AHF trained 227 individuals from government and partner organizations in the model and tested over 20,000 people.



Mass testing at an HIV Health Fair

Finally, in order to increase resources for Mexico's AIDS response, AHF advocates for reduced drug prices. During the 2008 International AIDS Conference, which brought over 20,000 delegates to Mexico City, AHF staff formed a broad, nation-wide coalition of key NGOs and government organizations working in HIV/AIDS and human rights. This coalition met with government officials, including President Calderon, and staged multiple protests that attracted thousands. As a result, all but one of the major pharmaceutical companies that provide AIDS drugs to Mexico made significant price reductions for the country. Also, President Calderon announced his support for allowing foreign drug companies to import generic medicines into Mexico.

AIDS Healthcare Foundation

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AHF MODELS OF CARE

Models of Care:

Direct Care	Advocacy
Training	HIV Counseling & Testing

